Los Angeles County Sheriff's Department
Supervisor's Report on Use of Force

Incident Information

URN: 016-04189-6885-056	Date: 08/17/16	Time: 1449 hours	
Location: [redacted] Roscoe Boulevard	City or Station: Panorama City		
Bureau/Station/Facility: Transit Policing Division / TSB North	Admin. Investigation: ○ YES ◉ NO		
Type of Force: Deputy Involved Shooting; Less Lethal Impact Round (Stun Bag); Control Hold			
Incident Category: ○1 ○2 ◉3	Deputy Injury: ○ YES ◉ NO	Suspect Injury ◉ YES ○ NO	
☒ Call	☐ Observation	☐ Detail	☐ Foot Pursuit ☐ Vehicle Pursuit
IAB Notified: ◉YES ○ NO	Person Notified: Lt. David Grall	Emp: [redacted]	IAB Roll Out ◉ YES ○ NO

Involved Employee

E1

Employee #: [redacted]	Last Name: Davidian	First Name: Arin	Middle I.:	Rank: DSG		
Sex: ◉ M ○ F	Race: W	Height: 508	Weight: 200	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM	◉ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment: TPD / TSB North	Work Assignment (Unit #, Module, etc.): 645F					
Individual Force Used: Control Hold; Firearm	◌ Directed ◌ Rescue ◌ Medical Assist	Individual Category ○1 ○2 ◉3				
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #				

E2

Employee #: [redacted]	Last Name: [redacted]	First Name: [redacted]	Middle I.:	Rank: DSG		
Sex: ◉ M ○ F	Race: H	Height: 507	Weight: 185	Age: [redacted]	Shift: ○ EM ○ Day ◉ PM	○ Regular Shift ◉ OT Shift ○ Off Duty
Unit of Assignment: TPD / TSB North	Work Assignment (Unit #, Module, etc.): [redacted]					
Individual Force Used: Less Lethal Impact Round (Stun Bag)	◌ Directed ◌ Rescue ◌ Medical Assist	Individual Category ○1 ◉2 ○3				
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #				

E_

Employee #:	Last Name:	First Name:	Middle I.:	Rank:		
Sex: ○ M ○ F	Race:	Height:	Weight:	Age:	Shift: ○ EM ○ Day ○ PM	○ Regular Shift ○ OT Shift ○ Off Duty
Unit of Assignment:	Work Assignment (Unit #, Module, etc.):					
Individual Force Used:	◌ Directed ◌ Rescue ◌ Medical Assist	Individual Category ○1 ○2 ○3				
☐ Injured ☐ Treated ☐ Admitted	Facility:	Coroner Case #				

On Duty Supervisor

☐ Additional Involved Employees

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Munoz	Jose	J	SGT	YES ○ NO ◉	YES ○ NO ◉

Supervisor Completing Investigation

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[redacted]	Hamil	Jeffrey	F	SGT	YES ○ NO ◉	YES ○ NO ◉

Watch Commander / Supervising Lieutenant

Emp #	Last Name	First Name	Middle I.	Rank
[redacted]	Smitson	Eric	C	LT

[signature] Watch Commander / Supervising Lieutenant's **Signature:** 9-24-19 Date Copy Provided to Employee by: Emp #:

Unit Commander **(Print Name)** Unit Commander's **Signature**: Emp #: Date

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

Supervisor's Report on Use of Force
SUSPECT INFORMATION

016 - 04189 - 6885 - 056

Suspect Information

S 1

Last Name	First Name	Middle Name	Armed? Select
White	Gerry	Allen	Other

AKA Last Name: White | First Name: Gerry | Middle Name: Alan

Sex	Race	Age	Height	Weight	D.O.B	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
◉ Male ○ Female	B	55	603	200	04/09/61	[redacted]	

Street Address: [redacted] | City: [redacted] | State & Zip Code: [redacted]

Booking #: 4765129 | Primary Charge Code: 664/187(a) PC | Secondary Charge Code: 245(a)(1) PC | ☒ Criminal History

Treated on Scene? ◉ YES ○ NO Name: LAFD Unit: Engine 7 Phone #: 818-756-8681

Hospital Admission? ☒ Rec'd Treatment At: Providence Holy Cross Coroner Case #: Mental History ☒ User's guide provides direction on this entry

By: LAFD Transport Address: 15031 Rinaldi St, Mission Hills, CA 91345 Phone #: 818-365-8051

Under Influence: ○ YES ◉ NO Substance: | 5150 a factor in force? ○ YES ◉ NO User's guide provides direction on this entry

Date: 08/24/2016 | Time: 1223 | ☒ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name	First Name	Middle Name	Armed? Select

AKA Last Name: | First Name: | Middle Name:

Sex	Race	Age	Height	D.O.B.	Weight	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
○ Male ○ Female							

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Address: Phone #:

Under Influence: ○ YES ○ NO Substance: | 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

Suspect Information

S__

Last Name	First Name	Middle Name	Armed? Select

AKA Last Name: | First Name: | Middle Name:

Sex	Race	Age	Height	D.O.B.	Weight	Phone #1: ○ H ○ W ○ C	Phone #2: ○ H ○ W ○ C
○ Male ○ Female							

Street Address: | City: | State & Zip Code:

Booking #: | Primary Charge Code: | Secondary Charge Code: | ☐ Criminal History

Treated on Scene? ○ YES ○ NO By: Unit: Phone #:

Hospital Admission? ☐ Rec'd Treatment At: Coroner Case #: Mental History ☐ User's guide provides direction on this entry

By: Address: Phone #:

Under Influence: ○ YES ○ NO Substance: | 5150 a factor in force? ○ YES ○ NO User's guide provides direction on this entry

Date: | Time: | ☐ Audiotape: | ☐ Videotape: | ☐ Photos of Injuries: | ☐ ADMITS HEARING ANNOUNCEMENTS

☐ **Additional Suspects Involved**

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION

016 - 04189 - 6885 - 056

Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Soderlund	Christopher	A.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
TPD / TSB North		○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
TPD / TSB North		○ EM ○ Day ◉ PM	◉ Regular ○ OT ○ Off Duty

Emp. #	Last Name	First Name	Middle Name
	Swailes	Garrett	M.

Unit of Assignment:	Work Assignment (Unit #, Module, etc.):	Shift:	
TPD / TSB North		○ EM ○ Day PM	◉ Regular ○ OT ○ Off Duty

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
				Adult

Street Address	City	Zip Code	Phone #1	Phone #2
Los Angeles Police Department Captain #	Topanga Division	91304	8187564800	

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2
Los Angeles Metro Bus Operator #	Los Angeles	90012	2132820117	

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

Last Name	First Name	Middle Name	Age	D.O.B.

Street Address	City	Zip Code	Phone #1	Phone #2

☐ Additional Witness

Supervisor's Report on Use of Force

016 - 04189 - 6885 - 056

Method

(AW) Arwen
(BC) Baton: (Control)
(BI) Baton: (Impact)
(BF) Bodily Fluids
(CN) Canine
(CR) Carotid Restraint
(CH) Choke Hold
(CT) Control Holds: (Control Techniques)
(TT) Control Holds: (Team Takedown)
(TD) Control Holds: (Takedown)
(CE) Chemical
(OC) Chemical Agents (OC Spray)
(TG) Chemical Agents (Tear Gas)
(EX) Explosives
(FH) Firearm (Handgun)
(FR) Firearm (Rifle)
(FS) Firearm (Shotgun)
(FO) Firearm (Other)
(FB) Flashbang
(FL) Flashlight
(OE) Other Weapon: Edged
(OV) Other Weapon: Vehicle
(OB) Other Weapon: Blunt Object
(OO) Other Weapon: Other
(PK) Personal Weapon: Feet/Leg: (Kick)
(PS) Personal Weapon: Feet/Leg: (Sweep)
(PH) Personal Weapon (Hand/Arm)
(PP) Personal Weapon (Push)
(PO) Personal Weapon (Other)
(RS) Resistance
(RO) Restraint Device (Other)
(RH) Restraint Device (Handcuffs)
(HB) Restraint Device: Hobble (Legs Only)
(TP) Restraint Device: Hobble (TARP)
(RE) Restraint Device: REACT Belt
(SP) Sap
(SH) Shield
(IR) Less Lethal Impact Round (other)
(SB) Sting Ball
(ST) Stun Bag
(TR) Taser
(UC) Uncooperative
(HR) High Risk

Type of Injury

(AB) Abrasion
(BR) Bruise
(BU) Burn
(CP) Complaint of Pain
(CO) Concussion
(DH) Death
(DI) Dislocation
(DB) Dog Bite
(FR) Fractures
(GS) Gunshot
(HB) Human Bite
(LC) Lacerations
(ND) Nerve Damage
(OD) Organ Damage
(PA) Paralysis
(PW) Puncture Wound
(SD) Soft Tissue Damage
(ST) Sprain/Twists
(UN) Unconscious
(RM) Refused Med Treatment
(NN) NONE

Body Part Involved

(AD) Abdomen
(AK) Ankle
(AR) Arm
(BK) Back
(BT) Buttocks
(CH) Chest
(EL) Elbow
(FA) Face
(FE) Feet
(FI) Fingers
(GE) Genitals
(GR) Groin
(HD) Hands
(HE) Head
(HI) Hip
(IN) Internal
(KN) Knees
(LE) Leg
(NK) Neck
(NO) Nose
(SH) Shoulder
(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Davidian	E1	White	S1	CT	NN	AR
White	S1	Davidian	E1	RS	NN	AR
White	S1	Davidian	E1	OE	NN	CH
Davidian	E1	White	S1	FH	GS	AD
	E2	White	S1	ST	SD	AD